

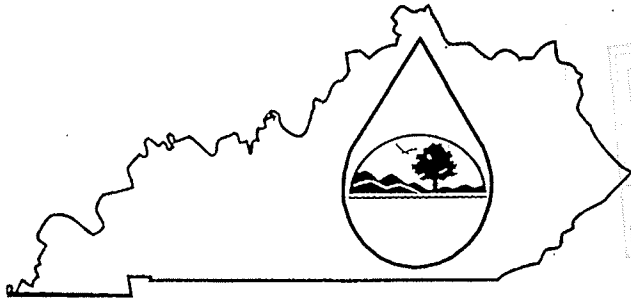
KPDES FORM 1

SCANNED / QC 2927

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JUL 23 2008

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

\$120.000ck

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	
A. Name of business, municipality, company, etc. requesting permit		01069761	
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.	
Facility Location Name: Camp Bear Creek		Facility Contact Name and Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Jed Johnson, Facilities Mgr.	
Facility Location Address (i.e. street, road, etc., not PO Box): 4736 Barge Island Rd.		Mailing Address: PO Box 32335	
Facility Location City, State, Zip Code: Benton KY 42025		Mailing City, State, Zip Code: Louisville KY 40232-2335	
		Facility Contact Telephone Number: (502) 636-0900 Ext. 235	

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: Commercially operated sporting and recreational camp primarily for girls. This camp specializes in teaching water sports.			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	7032 Sporting and Recreational Camps		
Other SIC Codes:			

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Marshall County	City where facility is located (if applicable): Approx. 8 miles north of Fairdealing, KY
C. Body of water receiving discharge: Kentucky Lake	
D. Facility Site Latitude (degrees, minutes, seconds): 36° 54' 00"	Facility Site Longitude (degrees, minutes, seconds): 88° 11' 54"
E. Method used to obtain latitude & longitude (see instructions): Topo Coordinates	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): n/a	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator: Henry Rogalinski

Telephone Number:
(270) 703-7250

Operator Mailing Address (Street):
4736 Barge Island Rd.

Operator Mailing Address (City, State, Zip Code):
Benton, KY 42025

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:
Class I

Certification Number:
07149

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:
KY0069761

Issue Date of Current Permit:
09/20/04

Expiration Date of Current Permit:
02/28/09

Number of Times Permit Reissued:
5

Date of Original Permit Issuance:
6/30/83

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

McCoy & McCoy, Inc.

DMR Official Telephone Number:

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

McCoy & McCoy, Inc.

DMR Mailing Address:

P.O. Box 907

DMR Mailing City, State, Zip Code:

Madisonville KY 42431


VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: 501(c)(3)	Filing Fee Enclosed: \$120.00
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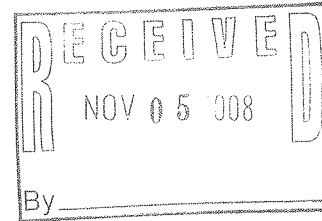
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>Facilities</i> <i>Jed S. Johnson Director</i>	TELEPHONE NUMBER (area code and number): <i>502-636-0900 ext 235</i>
SIGNATURE 	DATE: <i>7/14/08</i>



November 3, 2008



Division of Water, Surface Water Permits Branch
ATTN: Mr. William Shane
200 Fair Oaks Lane
Frankfort, KY 40601

Re: KPDES Application Notice of Deficiency
KPDES No. : KY 0069761
Camp Bear Creek
AI ID: 2927
Marshall County Kentucky

Dear Sir;

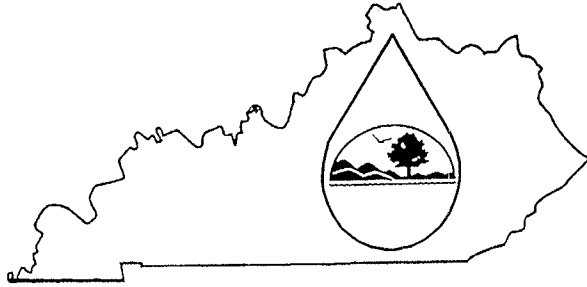
Enclosed are the following:

1. The original signature for Form 1, Section VIII of the Camp Bear Creek treatment plant renewal as requested.
2. The completed KPDES Form SC for Camp Bear Creek.

Thank you for your patience and help in completing the renewal process. Feel free to contact me if you have any further questions or concerns at 502-636-0900 extension 23500 or via email at jjohnson@kynags.org.

Respectfully,

Jed Johnson
Facilities Director
Girl Scouts of Kentuckiana
Enc. X2



KENTUCKY POLLUTANT DISCHARGE
ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: <u>Camp Bear Creek</u>											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	6	9	7	6	1
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week? <u>7 days.</u>											
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): <u>Maximum camp occupancy 150 campers @ 50 gallons per day = 7,500 gpd. Seasonal influent to the sewage plant from the lodge, showerhouse, site manager's home and one small cabin.</u>											
B. If new discharger, indicate anticipated discharge date:										<u>N/A.</u>	
C. Indicate the design capacity of the treatment system:										MGD <u>0.008</u>	

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
<u>001</u>	<u>36</u>	<u>54</u>	<u>00</u>	<u>88</u>	<u>11</u>	<u>54</u>	<u>Kentucky Lake</u>

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.) Topographical Map.

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Camp Occupancy	8000 gpd	Comminuter screen	1-L 1-T
			Sedimentation	1-U
			Coagulation/chlorine	2-D 2-F
			Activated Sludge	3-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☒ Publicly-owned lake or impoundment Name of lake: Kentucky Lake
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	Not expected	<input type="checkbox"/>	Copper	Not expected	<input type="checkbox"/>	Silver	Not expected
<input type="checkbox"/>	Arsenic	to be	<input type="checkbox"/>	Lead	to be	<input type="checkbox"/>	Thallium	to be
<input type="checkbox"/>	Beryllium	to be	<input type="checkbox"/>	Mercury	to be	<input type="checkbox"/>	Zinc	to be
<input type="checkbox"/>	Cadmium	to be	<input type="checkbox"/>	Nickel	to be	<input type="checkbox"/>		to be
<input type="checkbox"/>	Chromium	Present	<input type="checkbox"/>	Selenium	Present	<input type="checkbox"/>		present

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Site Manager's home	3
Summer Camps up to 150 campers	
TOTAL POPULATION SERVED	3

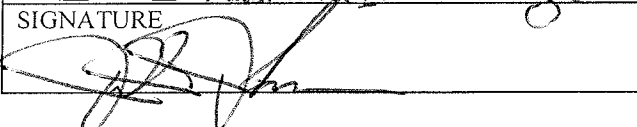
XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
N/A		

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	<2	<2	1
TOTAL SUSPENDED SOLIDS	2	2	1
FECAL COLIFORM	<10	<10	1
TOTAL RESIDUAL CHLORINE	5.0	5.0	1
OIL AND GREASE	24	24	1
CHEMICAL OXYGEN DEMAND	3.4	3.4	1
TOTAL ORGANIC CARBON	6.2	6.2	1
AMMONIA	<1	<1	1
DISCHARGE FLOW	.006	.002	1
PH	6.4	6.4	1
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)	16.3°C	16.3°C	1

B. Frequency and duration of flow:	N/A
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XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Facility Manager	TELEPHONE NUMBER (area code and number): (502) 636-0300
SIGNATURE 	DATE 11/3/08

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: January 9, 2001

Person to Contact:

Shirley Rudolph 31-03949
Customer Service Representative

Toll Free Telephone Number:

8:00 a.m. to 9:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

61-0444698

Girl Scouts of Kentuckiana, Inc.
P. O. Box 32335
Louisville, KY 40232-2335

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on July 24, 2000. We have updated our records to reflect the name change as indicated above.

Our records indicate that a determination letter issued in April 1965, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) & 170(b)(1)(A)(vi).

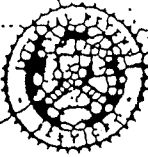
This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.



U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

DISTRICT DIRECTOR

P. O. BOX 1146

LOUISVILLE, KENTUCKY 40201

APR 26 1965

CENTRAL FILE

IN POLY NOTER

Form L-178
A:431:EHF

LOU:EO:65-62

Kentucky Cardinal Girl Scout Council, Inc.
1268 Cherokee Road
Louisville, Kentucky 40204

NEW ADDRESS

Kentuckiana Girl Scout Council
P. O. Box 32335 - 1325 S. 4th Ave.
Louisville, Ky. 40232

PURPOSE Educational	
ADDRESS INQUIRIES & FILE RETURN DISTRICT DIRECTOR OF INTERNAL REVENUE Louisville, Kentucky	
FORM 990-A REQUIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ACCOUNTING PERIOD 12/31

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

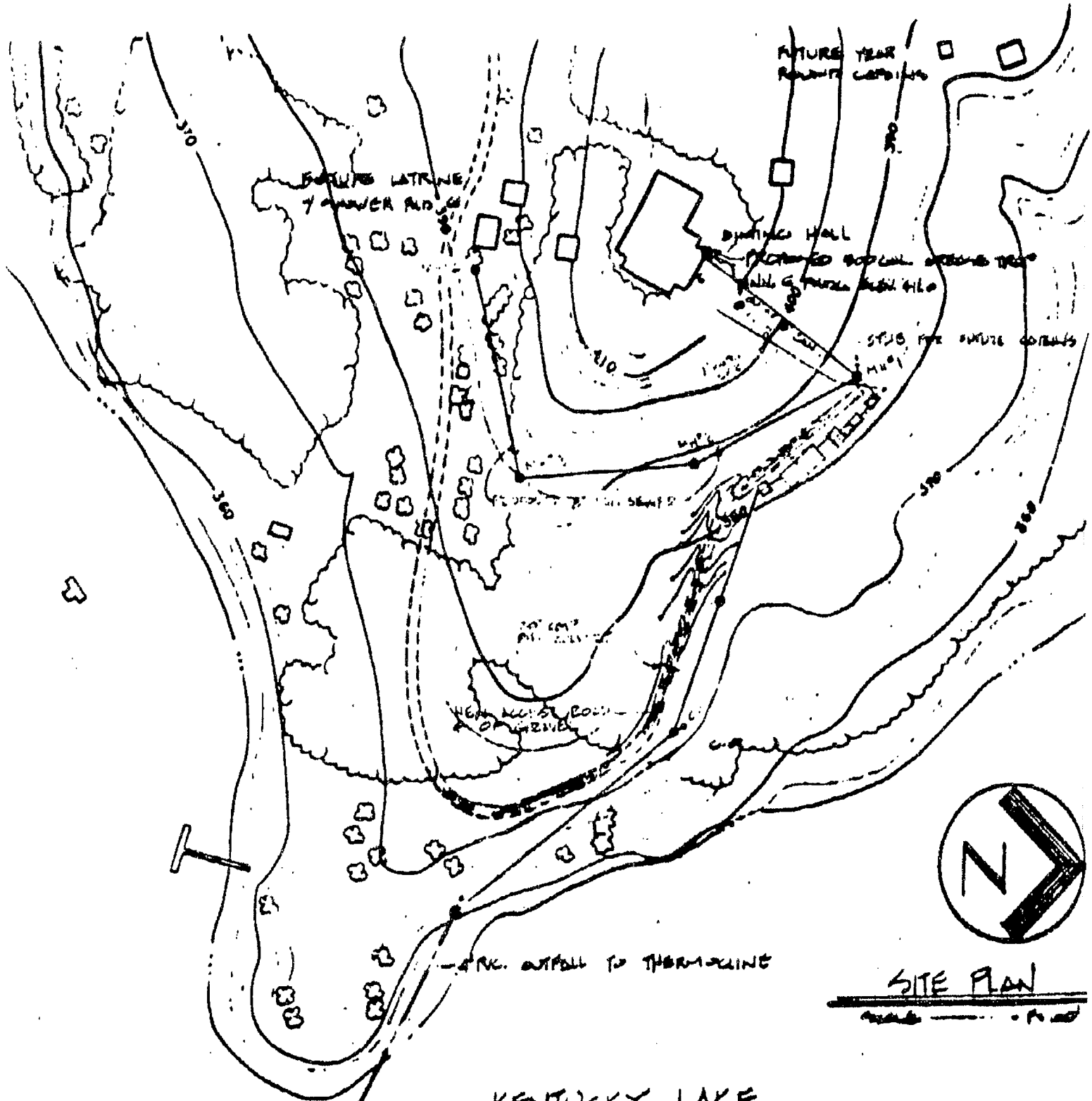
Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

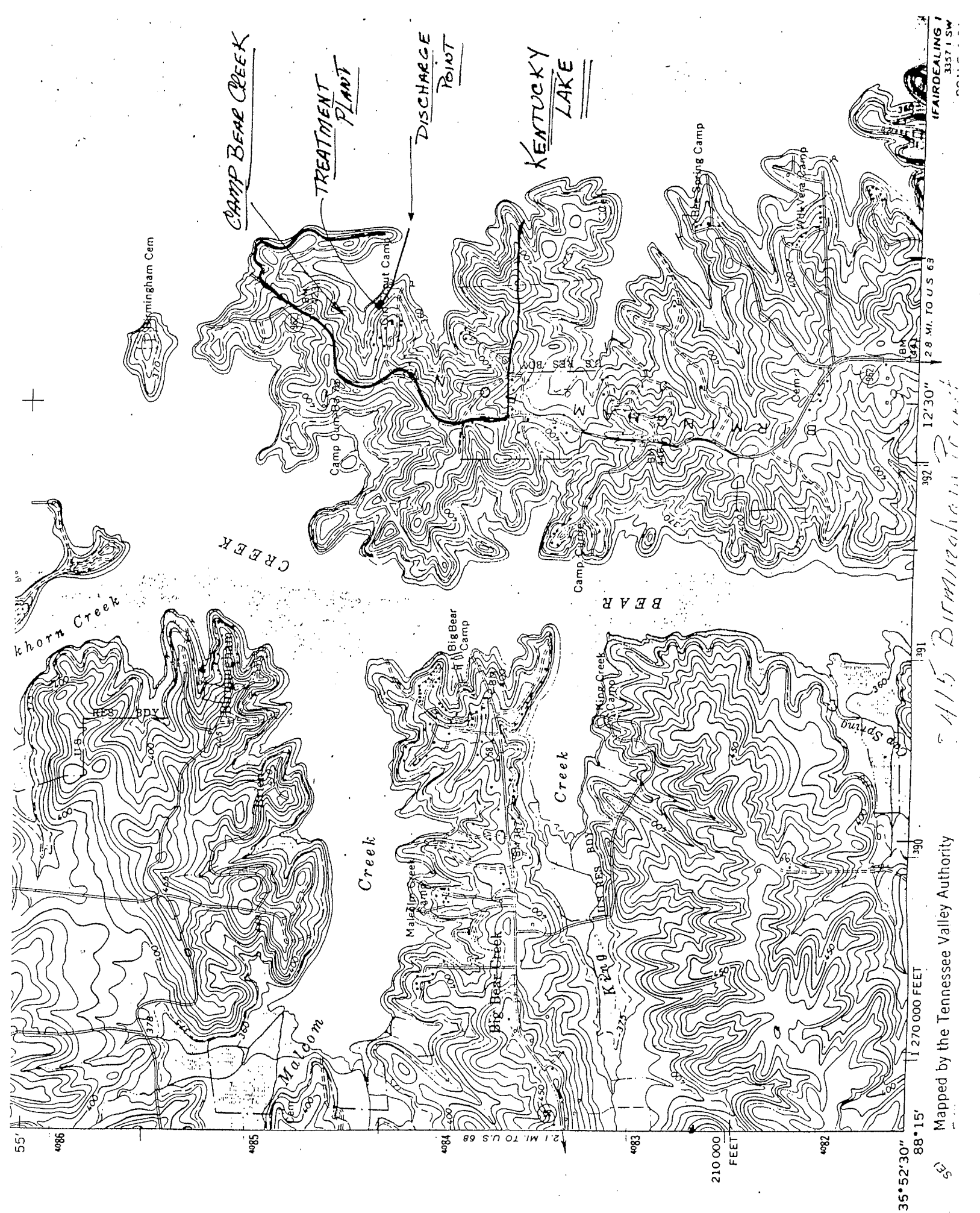
G. C. Hooks
G. C. HOOKS
District Director



SITE PLAN

KENTUCKY LAKE

P/N 82-229
 APPL. No. 48,035

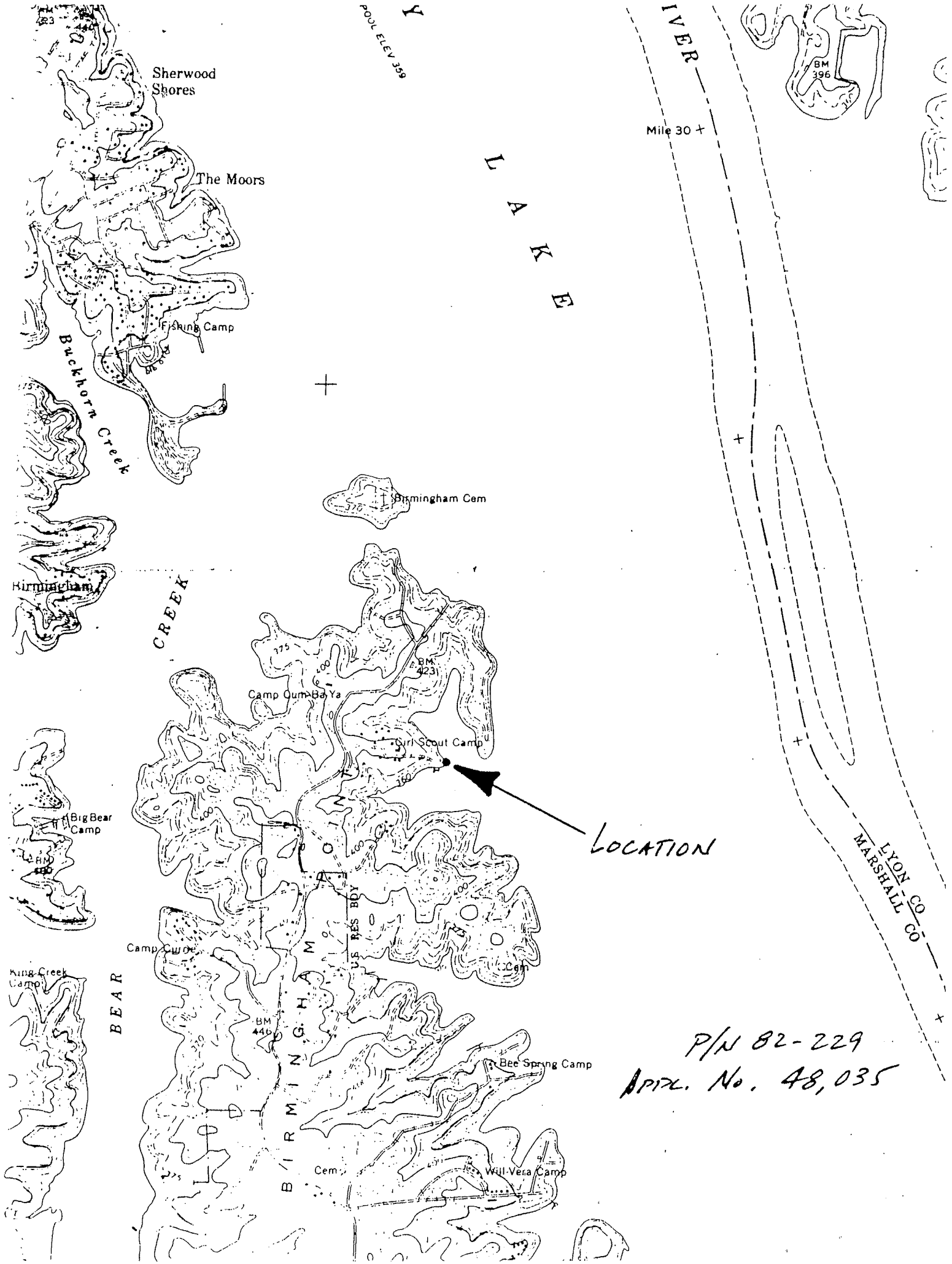


Mapped by the Tennessee Valley Authority

415 Brimley St.

05 21

FAIR DEALING / 33571 SW



LOCATION

P/N 82-229
APRIL No. 48,035